



Senate

General Assembly

File No. 82

February Session, 2016

Substitute Senate Bill No. 32

Senate, March 21, 2016

The Committee on Insurance and Real Estate reported through SEN. CRISCO of the 17th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE COMMISSION ON HEALTH EQUITY.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-1051 of the 2016 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective October 1, 2016*):

4 (a) Whereas the General Assembly finds that: (1) Equal enjoyment of
5 the highest attainable standard of health is a human right and a
6 priority of the state, (2) research and experience demonstrate that
7 inhabitants of the state experience barriers to the equal enjoyment of
8 good health based on race, ethnicity, gender, national origin and
9 linguistic ability, and (3) addressing such barriers, and others that may
10 arise in the future, requires: The collection, analysis and reporting of
11 information, the identification of causes, and the development and
12 implementation of policy solutions that address health disparities
13 while improving the health of the public as a whole, therefore, there is
14 established a Commission on Health Equity with the mission of
15 eliminating disparities in health status based on race, ethnicity, gender

16 and linguistic ability, and improving the quality of health for all of the
17 state's residents. Such commission shall consist of the following
18 commissioners, or their designees, and public members: (A) The
19 Commissioners of Public Health, Mental Health and Addiction
20 Services, Developmental Services, Social Services, Correction, Children
21 and Families, and Education; (B) the dean of The University of
22 Connecticut Health Center, or his or her designee; (C) the director of
23 The University of Connecticut Health Center and Center for Public
24 Health and Health Policy, or their designees; (D) the dean of the Yale
25 University Medical School, or his or her designee; (E) the dean of the
26 Yale School of Public Health, or his or her designee; (F) one member
27 appointed by the president pro tempore of the Senate, who shall be a
28 member of an affiliate of the National Urban League; (G) one member
29 appointed by the speaker of the House of Representatives, who shall
30 be a member of the National Association for the Advancement of
31 Colored People; (H) one member appointed by the majority leader of
32 the House of Representatives, who shall be a member of the Black and
33 Puerto Rican Caucus of the General Assembly; (I) one member
34 appointed by the majority leader of the Senate with the advice of the
35 Native American Heritage Advisory Council or the chairperson of the
36 Indian Affairs Council, who shall be a representative of the Native
37 American community; (J) one member appointed by the minority
38 leader of the Senate, who shall be a representative of an advocacy
39 group for Hispanics; (K) one member appointed by the minority leader
40 of the House of Representatives, who shall be a representative of the
41 state-wide Multicultural Health Network; (L) the chairperson of the
42 African-American Affairs Commission, or his or her designee; (M) the
43 chairperson of the Latino and Puerto Rican Affairs Commission, or his
44 or her designee; (N) the chairperson of the Permanent Commission on
45 the Status of Women, or his or her designee; (O) the chairperson of the
46 Asian Pacific American Affairs Commission, or his or her designee; (P)
47 the director of the Hispanic Health Council, or his or her designee; (Q)
48 the Healthcare Advocate, or his or her designee; and (R) eight
49 members of the public, representing communities facing disparities in
50 health status based on race, ethnicity, gender and linguistic ability,

51 who shall be appointed as follows: Two by the president pro tempore
52 of the Senate, two by the speaker of the House of Representatives, two
53 by the minority leader of the Senate, and two by the minority leader of
54 the House of Representatives. Vacancies on the council shall be filled
55 by the appointing authority.

56 (b) The commission shall elect a chairperson and a vice-chairperson
57 from among its members. Any member absent from either: (1) Three
58 consecutive meetings of the commission, or (2) fifty per cent of such
59 meetings during any calendar year, shall be deemed to have resigned
60 from the commission.

61 (c) Members of the commission shall serve without compensation,
62 but within available appropriations, and shall be reimbursed for
63 expenses necessarily incurred in the performance of their duties.

64 (d) The commission shall meet as often as necessary as determined
65 by the chairperson or a majority of the commission, but not less than at
66 least once per calendar quarter.

67 (e) The commission shall: (1) Review and comment on any proposed
68 state legislation and regulations that would affect the health of
69 populations in the state experiencing racial, ethnic, cultural or
70 linguistic disparities in health status, (2) review and comment on the
71 Department of Public Health's health disparities performance
72 measures, (3) advise and provide information to the Governor and the
73 General Assembly on the state's policies concerning the health of
74 populations in the state experiencing racial, ethnic, cultural or
75 linguistic disparities in health status, (4) work as a liaison between
76 populations experiencing racial, ethnic, cultural or linguistic
77 disparities in health status and state agencies in order to eliminate such
78 health disparities, (5) evaluate policies, procedures, activities and
79 resource allocations to eliminate health status disparities among racial,
80 ethnic and linguistic populations in the state and have the authority to
81 convene the directors and commissioners of all state agencies whose
82 purview is relevant to the elimination of health disparities, including
83 but not limited to, the Departments of Public Health, Social Services,

84 Children and Families, Developmental Services, Education, Mental
85 Health and Addiction Services, Labor, Transportation, and the
86 Housing Finance Authority for the purpose of advising on and
87 directing the implementation of policies, procedures, activities and
88 resource allocations to eliminate health status disparities among racial,
89 ethnic and linguistic populations in the state, (6) prepare and submit to
90 the Governor and General Assembly an annual report, in accordance
91 with section 11-4a, that provides both a retrospective and prospective
92 view of health disparities and the state's efforts to ameliorate
93 identifiable disparities among populations of the state experiencing
94 racial, ethnic, cultural or linguistic disparities in health status, (7)
95 explore other successful programs in other sectors and states, and pilot
96 and provide grants for new creative programs that may diminish or
97 contribute to the elimination of health disparities in the state and
98 culturally appropriate health education demonstration projects, for
99 which the commission may apply for, accept and expand public and
100 private funding, (8) have the authority to collect and analyze
101 government and other data regarding the health status of state
102 inhabitants based on race, ethnicity, gender, national origin and
103 linguistic ability, including access, services and outcomes in private
104 and public health care institutions within the state, including, but not
105 limited to, the data collected by the Connecticut Health Information
106 Network, (9) have the authority to draft and recommend proposed
107 legislation, regulations and other policies designed to address
108 disparities in health status, [and] (10) have the authority to conduct
109 hearings and interviews, and receive testimony, regarding matters
110 pertinent to its mission, and (11) establish requirements for and duties
111 of, and policies and procedures for the removal of, an executive
112 director appointed pursuant to subsection (g) of this section.

113 (f) The commission may use such funds as may be available from
114 federal, state or other sources, and may enter into contracts to carry out
115 the provisions of this section.

116 (g) The commission may, within available appropriations, (1)
117 appoint an executive director, who shall be in the unclassified service,

118 and (2) subject to the provisions of chapter 67, employ any additional
119 necessary staff.

120 (h) The commission shall be within the [Office of the Healthcare
121 Advocate] Insurance Department for administrative purposes only.

122 (i) The commission shall report to the Governor and the General
123 Assembly on its findings not later than June 1, 2010.

124 (j) The commission shall make a determination as to whether the
125 duties of the commission are duplicated by any other state agency,
126 office, bureau or commission and shall include information concerning
127 any such duplication or performance of similar duties by any other
128 state agency, office, bureau or commission in the report described in
129 subsection (i) of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2016	38a-1051

INS *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill allows the Commission on Health Equity (the commission) to appoint an executive director within available appropriations.

This bill has no fiscal impact as the FY 16 and FY 17 Biennial Budget appropriated funding (including fringe benefits) of \$139,547 in FY 16 and \$147,467 in FY 17 from the Insurance Fund for one position.¹ It should be noted that the Governor's Revised FY 17 Budget eliminates the commission's funding.

The bill also transfers the commission to the Insurance Department. Currently, funding for the commission is within the Office of the Healthcare Advocate. Based on this change it is assumed that funding would be transferred to the Insurance Department.

The Out Years

State Impact: None

Municipal Impact: None

¹ To date this one position has not been filled.

OLR Bill Analysis**sSB 32*****AN ACT CONCERNING THE COMMISSION ON HEALTH EQUITY.*****SUMMARY:**

This bill allows the state Commission on Health Equity to appoint an executive director within available appropriations. The law already allows the commission to employ necessary staff within available appropriations.

The bill requires the commission to establish requirements for, the duties of, and policies and procedures for removing, an executive director, who must be in the unclassified service.

It also places the commission within the Insurance Department, instead of the Office of the Healthcare Advocate, for administrative purposes.

By law, the commission must (1) work to eliminate disparities in health status based on race, ethnicity, gender, and linguistic ability and improve the quality of health for all state residents and (2) report annually to the governor and General Assembly.

EFFECTIVE DATE: October 1, 2016

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 13 Nay 4 (03/03/2016)